

10566838

(Column 1)

(Column 2)

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))

APPLICATION AS AMENDED - PART II

OTHER THAN SMALL ENTITY	
RATE (\$)	FEE (\$)
x 50.00 =	
x 200.00 =	
TOTAL	

AMENDMENT A

OTHER THAN SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
OR $\times 50.00 =$	
OR $\times 200.00 =$	
OR	
OR	
OR	
TOTAL ADD'L FEE	

**AMENDMENT B**

	RATE (\$)		ADDITIONAL FEE (\$)
OR	X	=	
OR	X	=	
OR			
OR	TOTAL		
	ADD'L FEE		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*